



IRO Certification Program
PO Box 47850
Olympia, WA 98504-7850
360.236.4612

Washington State Independent Review Organization (IRO) Application for Certification		
Corporate Name	DBA Name(s) if applicable	
Street Address		
City	State	Zip Code
Name of Chief Executive Officer		
Name of Medical Director	<input type="checkbox"/> MD or <input type="checkbox"/> DO	State of Licensure
City	State	Zip Code
Name of Contact Person for Application		
Telephone Number of Contact Person	Email Address of Contact Person	
Tax Status: <input type="checkbox"/> Privately Held <input type="checkbox"/> Not-for-Profit	Federal Employer ID #	
Has applicant or any of its holding companies operated as an IRO (or external review organization) for any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does applicant hold current accreditation from URAC or a similar nationally-recognized accrediting organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list which states and whether a credential is required to work as an IRO. Please attach copies of all credentials you hold from other states. _____ _____		
Has applicant been cited for any violation, deficiency, or improper conduct in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide the following: <input type="checkbox"/> Certificates of incorporation, articles of organization and by-laws or operating agreement for the IRO, holding company or parent entity; <input type="checkbox"/> Organizational chart. It must show all lines of authority within a holding company or parent subsidiary system (if applicable).		

False or misleading statements may result in denial of application, loss of certification and/or other action or penalty.

No entity shall be qualified to submit an application if it is a subsidiary of, or is any way owned or controlled by a carrier or an association of health care providers or carriers

A. Management of IRO:

1. Provide the following:
 - ☐ Name of each stockholder or owner of more than 5% of any stock or options;
 - ☐ Name of any holder of bonds or notes that exceed one hundred thousand dollars;
 - ☐ Name and type of business of all corporations and organizations the applicant controls or is affiliated with, and the nature and extent of any such affiliation or control;
 - ☐ Names and biographical sketches of all directors, officers, and executives, and any other corporation or organization that applicant controls or is affiliated with. Include a description of any relationship these individuals have with entities listed in WAC 246-305-080(d);
 - ☐ An estimate of the percentage of applicant's revenues anticipated to be derived from reviews conducted under RCW 48.43.535;
 - ☐ A list of any potential conflicts of interest as described in WAC 246-305-030.

B. Qualifications and Experience:

1. Describe applicant's experience and expertise reviewing health care in terms of medical necessity, appropriateness and the application of other health plan coverage provisions. WAC 246-305-020(3).
2. Describe applicant's ability to handle a full range of review cases. WAC 246-305-020(4).
3. Describe applicant's capability to review administrative and contractual coverage issues, medical necessity and effectiveness, and the appropriateness of experimental and investigational treatments. WAC 246-305-020(5).

C. Clinical Reviewers and Contract Specialists:

1. Provide a description of applicant's policies and standards to ensure that clinical reviewers conducting reviews meet the qualifications in WAC 246-305-040.
2. Provide a description of applicant's procedures to ensure that clinical reviewers and contract specialists assigned to a particular review do not have a prohibited conflict of interest consistent with WAC 246-305-030 and corresponding regulations.
3. Provide a description of the areas of expertise of the health care professionals and contract specialists making review determinations. WAC 246-305-080(1)(f). Please include a list of all provider and specialty types you have on staff to conduct reviews, including contract specialists.
4. Provide a description of the methods for ensuring applicant maintains an adequate number and range of qualified expert reviewers, including contract specialists. WAC 246-305-040(1).
5. Provide a description of the methods used for matching reviewers to specific cases. WAC 246-305-040(5).
6. Provide a description of applicant's policy used to specify the type and number of reviewers to be assigned to each case. The policy should address the complexity of the case, the goal of avoiding unnecessary cost, and the need to avoid tie votes. WAC 246-305-040(5)(e).

D. Administrative Processes and Capabilities of IROs:

1. Provide a description of applicant's policies and procedures to protect the confidentiality of medical records and other personal health information. WAC 246-305-070(2).
2. Provide a description of applicant's quality assurance mechanism. It must include a written plan addressing the criteria in WAC 246-305-070(3):
3. Provide a description of applicant's training program for staff, clinical reviewers, and contract specialists that will address at least the issues listed in WAC 246-305-070(5).
4. Describe applicant's process to maintain the confidentiality of clinical reviewers' and contract specialists' identities. WAC 246-305-070(7).
5. Describe the role of the Medical Director, including a description of the Medical Director's expertise to function as such. WAC 246-305-070(9).

E. Independent Review Process and Information Systems:

1. Describe in detail all aspects of applicant's review process and supporting information systems, including:
 - ☐ Procedures to ensure that reviews are conducted within the time frames specified in WAC 246-305-050 (3) and any required notices are provided in a timely manner;
 - ☐ Decision-making procedures addressed in WAC 246-305-050(4);
 - ☐ Procedures on notification and documentation of determinations in WAC 246-305-050(5);
 - ☐ Procedures on additional requirements for experimental or investigational treatment reviews in WAC 246-305-051;
 - ☐ Procedures on criteria and considerations for determinations addressed in WAC 246-305-060; and
 - ☐ A description, and a chart or diagram of the sequence of steps through which a review will move through applicant's review process, including notification to the enrollee and health plan regarding the review determination.

Applicant's Attestation

"I declare under penalty of perjury under the laws of the State of Washington that the contents of this application are true and correct."

Executed this _____ day of _____ at _____
City/State

Signature of CEO